D. Pesticides restricted for use in India

1. Aluminium Phosphide
2. DDT
3. Lindane
4. Methyl Bromide
5. Methl Parathion
6. Sodium Cyanide
7. Methoxy Ethyl Merciru Chloride (MEMC)
8. Monocrotophos (ban for use on vegetables)
9. Fenitrothion

Patenting of Indigenous Seeds by Multinational Companies

†*9. SHRI SURENDRA LATH: Will the Minister of AGRICULTURE be pleased to state:

(a) whether it is a fact that some of the multinational companies are misleading the poor farmers by patenting indigenous seeds in the name of GM (Genetically Modified);

(b) if so, the action taken by Government against such companies and the efforts made to check it; and

(c) the effort being made by Government for scientific study and development of the indigenous seeds?

THE MINISTER OF AGRICULTURE (SHRI SHARAD PAWAR): (a) and (b) Bt. cotton is the only genetically modified crop approved for commercial cultivation in the country by Genetic Engineering Approval Committee of the Ministry of Environment and Forests constituted under the Environment (Protection) Act, 1986. All the Bt. cotton hybrids have been developed by private seed companies from Indian cultivators using genetically modified seeds procured from Monsanto of USA, Biotechnology Transgenes China Corporation and IIT, Kharagpur. Seeds are not patentable under Section 3 (j) of The Patents Act, 1970 as amended in 2002. However, the Protection of Plant Varieties and Farmers' Rights Act, 2001 has been enacted and operationalized for protection of the rights of farmers, plant breeders, researchers and local communities.

(c) Indian Council of Agricultural Research has sanctioned a project for development of Transgenics to increase yield and quality of different crops. The National Agriculture Research System is continuously engaged in development of new and improved varieties of crops.

Chikungunya in Kerala

*10. SHRI K.E. ISMAIL: Will the Minister of HEALTH AND FAMILY WELFARE to pleased to state:

(a) whether Government's attention has been drawn to the reported spreading of Chikungunya in Kerala in large scale, affecting thousands of people and resulting in the death of a number of people;

†Original notice of the question was received in Hindi.

(b) if so, the details thereof;

(c) whether a Central team consisting of scientists and experts was sent to the State to assess the situation;

(d) if so, the details and findings thereof; and

(e) the details of the assistance extended by the Central Government to the State Government to fight the disease?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (e) Chikungunya fever was reported first time in Kerala during 2006 with a total 70731 suspected cases and no death. Out of the total 235 samples tested, 43 (18.29%) were confirmed serologically for Chikungunya. In the year 2007, there were 21590 suspected Chikungunya fever cases. However, no death has been reported till 5th August. Out of the 3845 samples tested, 550 (14.30%) have been confirmed serologically for Chikungunya.

Central Teams comprising officers from the Ministry, Directorate General of Health Services, National Institute of Communicable Diseases (NICD), National Vector Borne Disease Control Programme (NVBDCP), Indian Council of Medical Research (ICMR) and experts from National Institute of Virology (NIV), Pune visited Kerala during 28th May – 1st June, 10–13 June, and 14 – 18 July, 2007. The gist of the observations made by the teams is under:

1. Comparatively Chikungunya fever cases are less in 2007 than in 2006. However, the transmission of Chikungunya is still continuing.
2. The epidemiological, clinical, entomological and lab investigations confirmed that many districts of Kerala are in the grip of Chikungunya fever outbreak.
3. Patients admitted in hospitals need to be protected from mosquito bite to prevent spreading of infection.
4. IEC activity needs to be strengthened.
5. The comprehensive medical audit of all deaths, which has been initiated in the State, must continue before a death is considered due to Chikungunya.
6. Media sensitization on daily basis is required by authorized officials.
7. Daily activity chart for prevention and control activities is required and should be monitored.
8. High level Central Team also visited and examined the reported case of tomato fever and found that this was due to chickenpox. In any of the suspected Chikungunya patient, no unusual skin manifestation was noticed. Director General, ICMR, informed that the Chikungunya virus isolated from samples collected from Kerala has been indentified as the same that caused outbreaks in neighbouring States of Andhra Pradesh and Tamil Nadu currently and also in Kerala last year.

In addition to supply of regular logistics (Adulticides and larvicides), an amount of Rs. 220.50 lakh was released to the State during 2006-07, as emergency package for prevention and control activities of Chikungunya. During 2007-08 also, Rs. 403.90 lakh has been released.